PTO/SB/17 (12-04v2) ed for use through 7/31/2008. OMB 0651-0032

Date

September 28, 2005

Under the Pape	enwork Reduction Act of 1	995, no person are required			ark Office; U.S. DEF							
1 Onder the yape			To respond to a c	respond to a collection of information unless it displays a valid OMB control number. Complete if Known								
Fees pursuant to the	Effective on 12/08/2 Consolidated Appropr	1004. Iations Act, 2005 (H.R. 4818)	Application	Application Number 10/797,198-Conf. #4731								
FEE TRANSMITTAL				•	March 11, 2004							
	First Name	ed Inventor	Toshiyuki Koimori									
	Examiner Name		H. P. Nguyen									
Applicant of	daims small entity statu	is. See 37 CFR 1.27	Art Unit		2817							
TOTAL AMOUN	Attomey D	Attorney Docket No. SON-2950										
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayment of X Credit any overpayments												
FEE CALCULA	s) under 37 CFR 1.	16 and 1.17		· · · · · · · · · · · · · · · · · · ·								
	, SEARCH, AND EX	(AMINATION FEES										
1	•		EARCH FEE		IATION FEES							
Application Typ	pe Fee (\$)	Small Entity Fee (\$) Fee	<u>Small E</u> (\$)		Small Entity Fee (\$)	Fees Pa	aid (\$)					
Utility	300	150 50			100							
Design	200	100 10			65							
Plant	200	100 30	0 150	160	80							
Reissue	300	150 50	0 .250	600	300							
Provisional	200	100	0 (0	0							
2. EXCESS CLAI	M FEES					9	mall Entity					
Fee Description						Fee (\$)	Fee (\$)					
	20 (including Reissi					. 50	25					
	t claim over 3 (inclu	iding Reissues)				200	100					
Multiple depende		_				360	180					
<u>Total Claims</u>	Extra Claims		Paid (\$)		ultiple Depende							
-:	20 = ×	· =		<u> </u>	e (\$)	Fee Paid (\$)						
Indep. Claims	Extra Claims	Fee (\$) Fe	Paid (\$)				-					
-	3 =	• = =		=								
3. APPLICATION												
If the specificat	ion and drawings ex	ceed 100 sheets of pape the application size fee	er (excluding	electronically fi	led sequence or	computer						
		5 U.S.C. 41(a)(1)(G) as			may) for each a	damonar 50						
Total Sheets	Extra Sheet	Number of eacl	additional 50	or fraction therec	of Fee (\$)	Fee P	aid (\$)					
100 = /50 (round up to a whole number) x =												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge) 1806 Submission of an Information Disclosure Statement 180.00												
SUBMITTED BY												
Signature	11//		Registration (Attorney/Age		Telephone	(202) 955	3750					

Name (Print/Type) Ronald P. Karlanen



AMENDMENT TRANSMITTAL LETTER							Docket No. SON-2950				
Application No. 10/797,198-Conf. #4731			Filing Date March 11, 2004		Examine H. P. Nguy	1	Art Unit 2817				
		hiyuki Koimori,		,							
Inve	ntion: POWE	R AMPLIFER									
		TC	THE COMMI	SSIONER FO	OR PATENTS						
Transmitted herewith is an amendment in the above-identified application.											
The fee has been calculated and is transmitted as shown below.											
\perp				S AS AMENI	DED						
		Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	. Rate						
<u> </u>	otal Claims	6	- 20 =		X						
	dependent laims	3	- 3 =		x						
М	ultiple Depend	lent Claims (ch	eck if applicabl	e)							
Other fee (please specify): Submission of an Information Disclosure Statement 180.00											
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 180.00											
x Large Entity Small Entity											
[x] Please char	al fee is require ge Deposit Acc copy of this she	ount No1	8-0013 iı	n the amount of \$	180.	00				
	٠ .	ne amount of \$			the filing fee is en	closed.					
Ē	Payment by	credit card. Fo									
х		ris hereby auth d below. A dup			Deposit Account lenclosed.	No18	-0013				
	x Credit a	ny overpaymer	nt.								
	x Charge	any additional fili	ing or applicatio	n processing	fees required under	37 CFR 1.	16 and 1.17.				
					Dated:	September	28, 2005				
	ofiald 🗗 Kapa Morney Beg. N			•			٠				
0,	ADER, FISHN 233 20th Stree	MAN & GRAUE et, N.W.	R PLLC								
S W	uite 501 /ashington, D0 202) 955-3750	C 20036									
•	•										